

# A Guide to SLP Activities and Requirements

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## Differential Requirements (SLPs)

Speech teachers with the SLP are required to provide the DOE with their National Provider Identification (NPI) number, Medicaid Provider number (billing or non-billing), and New York State active SLP license number. Provision of these items will trigger the \$5,000 salary differential.

Ac	tion	Link
1.	Apply for individual NPI	https://nppes.cms.hhs.gov/NPPES/
	number	Welcome.do
2.	Apply for Medicaid	https://www.emedny.org/info/Provid
	Provider ID	erEnrollment/ther/Option2.aspx
3.	Enter License, Medicaid,	http://nyc.gov/ess
	and Provider ID in	
	<u>NYCAPS</u>	

SLPs who do not yet have a NPI number or Medicaid provider number must apply for one right away by following the instructions in the attached document. These applications must be completed during the regular workday. **SLPs must have an NPI number to apply for a** 



**Medicaid Provider ID.** While the turnaround time for a NPI is 10 business days, most applications are processed and returned via email the same day.

If an SLP is not sure if they have either a NPI or Medicaid Provider ID, utilize the following two links for assistance:

NPI Registry: <u>https://npiregistry.cms.hhs.gov/</u> Use this website to search active NPI numbers.

Enrolled Practitioner Search: <u>https://www.emedny.org/info/opra.aspx</u> While this website will not return a Medicaid Provider ID, any individual who is listed on the site is an enrolled provider and does have a Medicaid Provider ID. Questions on finding out the Provider ID can be directed to New York State at 800-343-9000.

SLPs will not receive the differential until all these steps are completed and current in NYCAPS. SLPs are responsible for maintaining their credentials in NYCAPS; if an item (such as the SLP license) expires, it is the responsibility of the SLP to renew and to update their information in NYCAPS. Guides on applying for the NPI and the Medicaid Provider ID as well as using NYCAPS Employee Self Service are in the appendix. For questions about ESS or the differential please call 718-935-5700 or email Speech-Medicaid@schools.nyc.gov. If you encounter problems with ESS please take screen prints to help facilitate easier assistance.

## Speech Referrals (SLPs)

Per the agreement between the UFT and the DOE, speech referrals are to be completed within 10 days of first serving a student as per their IEP speech recommendation(s). A new referral must also be completed within ten days of first service following any subsequent change to a student's IEP speech recommendation(s), including newly referred students.

## Completing the Referral

The speech referral in SESIS has been revised to comply with Medicaid standards; information has been pre-populated wherever possible to simplify and speed entry. Numerous training resources are available to DOE staff via the NYCDOE intranet at this link:

## https://intranet.nycboe.net/SpecialPopulations/SESIS/default.htm

Resources include:

- A short video on how to complete the speech referral form.
- A resource document on completing the speech referral form.
- Contact information for the DOE's Medicaid Compliance Officer.

## Understanding "Medical Necessity"

In completing the referral form in SESIS, the SLP must enter their determination regarding whether the student's speech services are "medically necessary." New York law defines "medically necessary medical, dental, and remedial care, services, and supplies" in the Medicaid program as those "necessary to prevent, diagnose, correct, or cure conditions in the person that... interfere with such person's capacity



for normal activity... and which are furnished an eligible person in accordance with state law (N.Y. Soc. Serv. Law, § 365-a)

This means that the SLP's professional opinion, without the speech services recommended on IEP, the student would not be able to normally participate in their education, therefore the service is medically necessary. Making this determination is an appropriate function under the SLP license.

If the SLP responsible for completion of the referral does not believe the student's services are medically necessary, the SLP should select the option reflecting that determination on the referral. The DOE will follow up with the student's IEP team for future consideration of the service; the service should continue to be provided as currently recommended.

## Choosing an ICD Code

In completing the referral form in SESIS, the SLP must also select at least one applicable ICD-10 code. ICD stands for International Classification of Disease. The speech referral form lists the most common ICD codes used by SLP speech teachers in educational settings; you may also search for additional speech codes using the feature on the SESIS form. At least one ICD code must be selected on the form.

The American Speech-Language Hearing Association (ASHA) provides responses to a list of Frequently Asked Questions concerning the selection and use of ICD-10 coding for speech services on their website here:

## http://www.asha.org/Practice/reimbursement/coding/ICD-10-CM-Coding-FAQs-for-Audiologists-and-SLPs/

In addition to the above link, the DOE is arranging for a webinar on selecting ICD codes and why it is a component of the referral. Staff will be notified ahead of time about participating in the webinar.

## Students with Multiple Speech Providers

There are some instances where one student has multiple speech providers serving the IEP. To determine who is responsible for completing the referral:

- If only one provider has the SLP speech license, that provider is responsible for completing the referral.
- If there is more than one SLP licensed provider serving the student:
  - The provider who serves the student a greater amount of the time per the IEP is responsible for completing the referral, or
  - If the providers serve the student equally, they are to discuss with each other to determine who will complete the referral.

## Frequently Asked SESIS Questions

## 1. Why is the System showing following Error Message?

"This student does not have a current recommendation for speech services from their most recent review and does not require a referral."

A: The Student doesn't have Speech Language Therapy in their latest finalized conference document (IEP/IESP/CSP)

## 2. Why is the System showing the following Error Message?

"You do not currently have either license information and/or a NPI number in NYCAPS. Please utilize the



## employee self-service feature in NYCAPS to enter your license data and NPI number. It will take one business day for the information to update in SESIS."

A – Your user id is missing either NPI Number or License Number or both in SESIS Staff table. You should verify if NYCAPS has both your NPI Number and your License Number. If either or both are missing in NYCAP, please update the numbers and allow 24hrs for the update to come to SESIS. If both the numbers are in NYCAPS and you are still getting the error message, please contact helpdesk.

## 3. What should I do if my NPI and/or License Number is incorrect on the Speech Language Referral Form?

A: Visit NYCAPS and verify if the NPI Number and License Number are correct. If not, update NYCAPS with the correct numbers and allow 24 hours for the update to come to SESIS. If the numbers in NYCAPS are correct you are still getting the error message, please contact helpdesk

## 4. Why do I receive the following error message when I attempt to access the "lookup" link associated with Additional ICD-10 codes(s)?

Sorry, you do not have access privileges to view icdcode. If you believe you should have access, consult your system administrator (ADMIN)

A: Your SESIS profile does not have rights to access the Additional ICD-10 codes table. Please contact the help desk.

## 5. Why doesn't the Referral Date populate when I check the "I certify" checkbox?

A: The Referral date is not-editable and gets populated upon finalization of the Referral.

## 6. Why do I not see Speech Language Referral Form in the Create New Document dropdown?

A: Your user id in SESIS mostly likely does not have the correct security role. Please contact the help desk for assistance.

SESIS Help Desk: 718-935-2985 (SESIS Issues Only) DIIT Help Desk: 718-935-5100 (SESIS login issues, internet connectivity issues, equipment issues)

## Reimbursements for License Renewals (SLPs)

SLPs are entitled to a reimbursement of \$229 for SLP license renewal fee once every three years. The DOE will be providing these reimbursements automatically as a net pay increase (meaning taxes will not be taken out) in a provider's pay check. These reimbursements will happen over four points of the school year; SLPs and the UFT will be notified prior to payment being issued.

Chromebooks (All Speech Providers)



All DOE speech providers will be provided with a Chromebook to assist in SESIS responsibilities, including the entry of encounter attendance. New hires to the DOE for the 2017-18 school year as well as staff returning from leave will receive their Chromebooks beginning in October. If by November you have not been contacted about receiving a Chromebook, please email <u>MedicaidOps@schools.nyc.gov</u> with your name, payroll school, and file number.

## Per Session (All Speech Providers)

As part of the agreement between the UFT and DOE, per session hours will be allocated for <u>all</u> DOE speech teachers to assist in their duties. In October 2017 all speech teachers will have 20 per session hours allotted to them for use. The agreement also allows any speech provider with an active caseload of 31 students or greater to utilize up to an additional 20 hours of per session for the school year. In January 2018 the DOE will calculate provider caseloads. Speech teachers maintaining caseloads of 31 or more students will receive the second allocation of per session hours in February 2018. Speech teachers who are not actively serving 31 or more at the time of the caseload calculation will not be eligible to work the additional per session hours.

Unlike other per session activities, these per session hours may be completed at home **if the DOE speech teacher is completing encounter attendance in SESIS. No other activity (in SESIS or otherwise) is eligible for to be performed at home;** claims for work at home for any purpose other than verified entry of certified encounter attendance records in SESIS will not be approved for payment. Per session hours worked at school are governed by, <u>Chancellor's Regulation C-175</u>. Using a per session time card, hours worked at school must be clocked in and out; DOE speech teachers are to utilize a time clock if their school has one available. For all per session, it is expected that the DOE speech teacher will keep diligent records of the time worked, including the date, start time, end time, and if the per session occurred at school or at home. These per session hours are to assist you in completing SESIS responsibilities, including completion and certification of encounter attendance records for all sessions as close as possible to the date of service. The chart below reflects the two types of per session and what is needed to manage time worked.

Per Session Location	Per Session Timecard	Per Session Timesheet	Allowable Activities
School	$\checkmark$	$\checkmark$	All SESIS related work
Home	N/A	$\checkmark$	Encounter Attendance only

For each time period where per session occurs the DOE speech teacher <u>will need to submit both a time</u> <u>sheet and a time card</u> to the payroll secretary **at their payroll school**. If the DOE speech teacher serves multiple locations forms must be submitted to the payroll school in order for time to be processed. A sample time sheet and time card with annotations is in the appendix. Per session time will be reviewed for approval by supervisors **once a month**. After they complete their review and approvals, the per session will be processed for inclusion in the subsequent payroll period.

Technical questions about per session should go to the payroll secretary at the provider's payroll school.



## Appendix

## National Provider Identification Guide

### About the National Provider Identification number

A NPI is a health care provider identification number used by the federal government and many private health care organizations to track health care providers. The number is "information free," meaning it is not made up of one's birth date or other identifying information. This identifying information is maintained by the federal government and is not released to the public. However, clinicians' names and practice locations will be publicly available through the system.

To obtain an NPI, go to <u>https://nppes.cms.hhs.gov/NPPES/Welcome.do</u> and follow the instructions on the screen, noting the following:

- make sure you apply for an individual (as opposed to group) NPI
- when asked if you are a sole proprietor, you should answer yes
- when asked for a business address and a practice location you may enter your work location . If you work in more than one school please enter your payroll location (where you receive your pay check or pay stub).
- when asked to supply a contact person, please supply your own information; you may use your DOE phone number and email address
- the taxonomy code for a Speech Language Pathologist is 235Z00000X
- you will need your currently active license number for the application

If you are having problems using this system, please call: 1-800-465-3203 (NPI Toll-Free) (1-800-692-2326 (NPI TTY))

The following pages contain a step by step guide for the online application process.



## If you need a login ID to register for the NPI: https://nppes.cms.hhs.gov/NPPES/Welcome.do



xc	The page at nppes.cms.hhs.gov says:	× ] Windows
	You are being redirected to I&A to create a User ID and password. When you are done, return to NPPES to log in and apply for your personal NPI record or view/modify your existing personal NPI record.	
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Terms and Conditions You are accessing a U.S. (3) all computers connect computer on this network Unauthorized or imprope By using this information You have no reasona information system. At any time, and for communication or da Any communication of Government purpose. To continue, you must ac Accept	Government information s ted to this network, and (4 This information system r use of this system may r system, you understand a Read and accept th Terms and Conditions. the terms and conditi	system, which includes: (1) this computer, (2) this con- t) all devices and storage media attached to this network is provided for U.S. Government-authorized use only result in disciplinary action, as well as civil and crimin and consent to the following: any communication or data transiting or stored Government may monitor, intercept, and search ation system. formation system may be disclosed or used for tions. If you decline, you will not be able to continue.	nputer network, ork or to a al penalties. on this th and seize any any lawful
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Middle Name:	* Home Address Line 1: Enter your person phone number b
* Last Name:	Home Address Line 2:
Suffix: Enter your work phone number here.	one * City:
* Business Phone Nr. over:	* Country: United States
Fax Number:	* State/ Province/ Territory: SE - Select One
* Date of Birth: (MM/DD/YYYY)	* Postal/ZIP Code:
* SSN:	
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#### nttps://npiregistry.cms.nns.gov/

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

#### How to apply for an NPI

#### Individual Providers:

As an Individual Provider, you may only have a single NPI, which will be associated with your unique, individual information. Once you login to NPPES, you will be able to complete your NPI application.

- Create a Login through the Identity & Access Management System (I&A).
   Login to NPPES with your I&A Username and password.
   Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.
- Healthcare Provider Organizations:

Healthcare Organizations are currently required to have a separate Username and password for each NPI associated with the organization.

Create an NPPES ONLY Username and password for the NPI you are applying for.
 Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.



NPI Registry Healthcare providers create and maintain NPI records in NPPES. Our NPI Registry is a separate service that allows the public to search and view those active NPI records.

National Plan & Provider Enumeration	n System		Logoff Help
	Welcome to the Nat	tional Provider System	
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	You do not have an individual (Type 1) NPI. Click the	Submit New NPL Application button to begin the process.	
	NPI Options: Submit new NPI, Generate NPI Assignment Notification and View the NPI record in a single page view.	Click here to start the digated	
		application process.	
	New NPI Application		
	Apply for an NPI	Manage your Profile	
	Send E-mail Notification	The Charge Descend	
	Send NPI Assignment Notification to the Contact Person e- mail address	Update the Password	
	View Printer Friendly Application	Change Security Question/Answer	
	View the NPI record in a single page	Update the Security Questions and Answers	



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Provider Name ' SSN (or TIN) if not eligible for Provider Date of Birth Country of Birth State of Birth/ <i>if Country of Birt</i> Provider Gender Mailing Address ar Taxonomy (Provider Type) <sup>4</sup> State License Information <sup>1</sup> Contact Person Phone Numt Contact Person Phone Numt	·SSN) <sup>2</sup> h is U.S.) rd Phone Number er and E-mail		Organization Namie Employer Identification Numi Name of Authorized Official Phone Number of Authorized Organization Mailing Address Practice Location Address a Taxonomy (Provider Type) <sup>4</sup> Contact Person Name Contact Person Phone Numb	ber (EIN) <sup>3</sup> for the Organization Official for the Organization <sup>9</sup> d Phone Number ver and E-mail	i.
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If you need additional help or have a	any questions concerning your applicati	on, contact the NPI Enumerator.			
NPI Enumerator Contact Informal By phone: 1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY)	tion	lick here to cert	ify this form		By mail at: NPI Enumerator PO Box 6059
Step 2: Certification Statement	i	s being comple	ted by you.		Fargo, ND 58108-6059
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<ul> <li>I authorize the NPI Enumerat</li> </ul>	or to verify the information contained he	rein. I agree to keep the NPPES upda	ted with any changes to data listed or	n this application form within	30 days of the effective date of the change.
I have read and understand th	e Privacy Act Statement.	5 8 8			
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Penalties for Falsifying Information 8 U.S.C. 1001 authorizes criminal p act, or makes any false, fictitious or 250,000 and imprisonment for up to uthorized by the sentencing statute.	n on the NPI Application / Update For enalties against an individual who in an fraudulent statements or representation five years. Offenders that are organizat	m: ty matter within the jurisdiction of any ts, or makes any false writing or docu tions are subject to fines of up to \$500	department or ment knowlee	here to cont	tinue. vers up by any trick, scheme or device a mater dividual offenders are subject to fines of up to offender if it is greater than the amount specifica
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tional Plan & Provider Enumeration Syst <b>oplication Sections</b> Provider Profile	
Mailing Address	Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them. DO NOT report the Social Security Number (ISSN) or IRS Individual Taxpaver Identification Number (ITIN) in this section.
Practice Location	
Other Identifiers	Add Identifier Click "Next" (you do not
Taxonomy	need an identifier).
Contact Person	Select All Clear Selected Delete
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pplication Sections	NPI Application Form - Taxonomy / License Information
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Practice Location	
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a set a strategy and an architectoria contact person, please in our die following.	
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Credential(s): Title:	
Please Complete The Following Additional Information For The Contact Person: To use the mailing phone or practice phone for the contact, click one of the following: Same As Mailing Phone Contact Person Phone Number: Extension: (Without Dashes)	Click "Same As Mailing Phone".
* Contact Person E-mail: * Retype Contact Person E-mail:	
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I have read and understand the Penalties for Falsifying Information on the NPI Application / Upg	date Form as stated in this application. I am aware that falsifying information
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will result in fines and/or imprisonment. Penalties for Falsifying Information 18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdict falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fict or document knowing the same to contain any false, ficticitious or fraudulent statement or entry. Individu five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) als greater than the amount specifically authorized by the sentencing statute.	tion of any department or a titlous or fraudulent stateme al offenders are subject to so authorizes fines of up to
will result in fines and/or imprisonment.  Penalties for Falsifying Information  18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdict falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, ficti or document knowing the same to contain any false, fictibitous or fraudulent statement or entry. Individu five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) als greater than the amount specifically authorized by the sentencing statute.  Previous Sub	tion of any department or as titlous or fraudulent stateme and offenders are subject to so authorizes fines of up to mit
	Credential(s):  Please Complete The Following Additional Information For The Contact Person: To use the mailing phone or practice phone for the contact, click one of the following:  Same As Malling Phone Contact Person Phone Number:  Contact Person Phone Number:  Contact Person Phone Number:  Contact Person E-mail:  Contact Person E-mail:  NOTE: All notifications will be sent to the Contact Person E-mail provided on this page.  NOTE: All notifications will be sent to the Contact Person E-mail: NOTE: Please use the Previous and Next buttons to navigate between the pages in the application.  NPI Application Form - Certificat  NPI Application Form - Certificat  NPI Application Form - Certificat  I have read the contents of the application and the momentum true, correct, or complete, I agree to notify the INPI Enumerator of this fact marked and understand the Privacy Act Statement.



NADONAL PIEN & Provider Enumeration System	Logoff Help
	Thank you. Your application will be processed.
Application processing times may vary based on c	rrent inventories. If you have any questions regarding this application or if the designated contact person does not receive the provider's NPI via email within 15 working days, please contact the NPI Enumerator at 1-800-465-3203 (NPI ToII-Free).
Provider Name: Your tracking number is:	
	Please provide this tracking number on all correspondence.
	Please print this page for your records.
	View Printer Friendly Application  Clicking this is on will allow you to view and print the information furnished on your application.
	Please Note: This page/printout may contain sensitive information.
You're done! If you	NPT Enumerator Contact Information
would like, you can	By phone: 1-800-400-3203 (NPI TOI-FIEE) 1-800-692-2326 (NPI TTY)
click this button for a	By e-mail at: customerservice@npienumerator.com By mail at: NPI Enumerator
print friendly page to	PO Box 6059 Fargo, ND 58108-6059
print mendly page to	For your reference, please print this page by clicking the Print icon, located in your browser's toolbar.
either save or print	
for your records.	
You'll receive an	
email soon with your	
NPI number.	



## Medicaid non-Billing ID Application Guide

All DOE speech teachers who are licensed speech language pathologists (SLPs) are required to enroll with Medicaid so that referrals for speech services can be completed. Obtaining the Medicaid ID is also required to receive the salary differential for SLPs.

You will need to **print and mail** this application. To complete the application you will need your NPI number and your SLP license number. You will also need to enclose a copy of your New York State license for your SLP that shows active registration.

This document contains screen shots with details on how you can complete the application. General instructions for this application are:

General Instructions:

- Read the instructions carefully
- Complete ALL items on the enrollment form unless otherwise instructed. Failure to complete all required fields will result in your enrollment form being returned to you which may have an impact on the enrollment effective date.
- Required documentation MUST cover the application date and be continuous through the current date.
- Submit proof of current license/registration. Examples: 1) Copy of license with future expiration date, 2) Copy of license registration/renewal, or 3) Printout of license status from the licensing agency's website.
- Completion of signature field is required and must be original. Initials or rubber stamped signatures will not be accepted.
- Type or legibly print in black or blue ink. Do not use red ink, nor white-out. All attachments will be scanned so they must be legible and on standard 8 ½ x 11 paper in good condition.
- Keep a copy of all documents submitted.
- Orderer-Prescribers-Referrers-Attending Enrollment Form, #436901
  - Page 2: Category of Service = 0623
  - Page 2: Check the box labeled "New Enrollment"
  - Page 2: LEAVE BLANK "Specialty" field
  - Page 2: The box labeled "Correspondence Address" is for the address where the SLP would like to receive any Medicaid correspondence
  - Page 2: The box labeled "Service Address" is for the address of the SLP's employer
  - Page 3: Section 1, "Ownership in Applicant" "Name of Individual or entity" SLP can enter N/A (unless it applies)
  - Page 3: Sections 2, 3 and 4 SLP can enter N/A, unless it applies
  - Page 4: Section 5 SLP can enter None, unless it applies (i.e., the enrolling SLP employs individuals who exercise operational or managerial control over the day to day operations of the enrolling SLP)
  - Page 4: Section 6 SLP should answer questions #1 #4. Answering 'yes' to any of them necessitates the answering of question #5 and submit a "Prior Conduct Questionnaire" (#431001 attached)
  - Page 5: Sign and date application, and mail originals to: Computer Sciences Corporation PO Box 4603 Rensselaer, NY 12144-4603



## To begin, please go to this webpage:

https://www.emedny.org/info/ProviderEnrollment/ther/Option2.aspx







## New York State Medicaid Enrollment Form

Thank you for your interest in enrolling with the New York State Medicaid Program. As a Medicaid provider, you agree to comply with the rules, regulations and official directives of the Department, including, but not limited to Part 504 of 18 NYCRR which can be found at the Department of Health's website, <u>www.health.ny.gov</u>.

This enrollment form should be used by practitioners seeking enrollment as an ordering, referring, attending or prescribing practitioner <u>only</u> (attending providers should use this form if their name and NPI will <u>only</u> appear on the hospital's claim). These practitioners <u>will not</u> submit claims to Medicaid and, therefore, will <u>not</u> receive payment from the Medicaid Program.

If you will also provide medical services to patients, or as an attending provider will submit a separate claim to Medicaid for your service, do <u>not</u> complete this form. Visit <u>www.eMedNY.org</u> and complete the enrollment form appropriate for your license/ certification.

Consider printing the Instructions to Complete Enrollment Form before continuing.

New York State's Personal Privacy Protection Law requires us to inform every person from whom we request personal information why we are requesting information and how we will use it. The information requested will permit proper payments to you as a Medicaid provider, according to the provisions of applicable State and Federal Law and Regulations. Collection of this information is authorized by Section 367-b of the Social Services Law. This information will be used as one element of various reviews before payment is made for the goods or services furnished and/or for any post payment audits required by the State or Federal authorities. This information will also be used to satisfy the reporting requirement imposed upon us by State and Federal Regulations (e.g., by IRS for payment information reporting purposes). Failure to provide us with the information will prevent establishing the records necessary to enroll you as a Medicaid provider. The information will be maintained by the New York State Department of Health, Office of Health Insurance Programs, Division of OHIP Operations, Bureau of Provider Enrollment, Albany, New York.

There is no action to take on this page.

EMEDNY-436901 (10/16)

Mail to:

eMedNY

Note: If you need to look up a nine-digit zip code, you can utilize this link:
https://tools.usps.com/qo/ZipLookupAction!input.action

Fill out the service address section EXACTLY as it is here. You only need to complete the first "Service Address" section.

23

Specialty blank. The SLP is NOT a limited license. Address" is your school's address. If you work in more than one

Complete this





NY MEDICAID PROVIDER ENROLLMENT FORM

for those who ONLY



#### {If additional space is needed, copy form; all entries must be on the form} DISCLOSURE OF OWNERSHIP AND CONTROL

Completion is required by 42 CFR Part 455.104. Failure to provide the information requested will cause the application to be returned. <u>Click here</u> to review definitions and policy found at 18NYCRR, Section 504.1 before completing this form. (If additional space is needed, copy form; all entries must be on the form).

ND

1234567890

#### SECTION 1:

Name

Sally Peters

Disclosing Entity / Applicant (Individual named on page 2 of this application)

do not need to complete the rest of in Applicant

Brooklyn, NY	11201-5043	
Date of Birth		
05/20/1973	05/20/1973	
	Date of Birth 05/20/1973	

Enter your personal information as vou did on the previous page.

business address. See 42 CFR Part 455.104(b)(1)(i) for more information).

	Name of Individual or Entity           N/A           Address (Home Address if individual)           City & State		% of Ownership		NPI		
/			City & State		Zip Code (9 digits)		
ĺ	SSN (if indiv)/ FEIN (if entity)	Date of Birth (if inc	lividual)	Familial Relati	onship (if individ	ual. if any)	

#### SECTION 2:

Ownership in Other Disclosing Entities (ODE) (per 42 CFR, Part 455.104(a)(3)) - (Complete if any identified in Section 1 has an ownership or control interest in ODE)

Name (from Section 1) N/A	Name of ODE	NPI or Medicaid ID of ODE
Name (from Section 1)	Name of ODE	NPI or Medicaid ID of ODE

#### SECTION 3:

Ownership in Subcontractors If the Applicant has an ownership or control interest of 5% or more in a subcontractor and an Owner of the Applicant also has an ownership or control interest in the subcontractor, complete the boxes below. If those identified in this Section have a familial relationship with a person with ownership or control interest in one of these subcontractors, complete Section 4).

Owner's Name (from Section 1) N/A	Subcontractor Name	Tax Identification Number
Owner's Name (from Section 1)	Subcontractor Name	Tax Identification Number

#### SECTION 4:

Familial Relationship in Subcontractors (Complete if those identified in Section 3 have a 'familial relationship with a person with ownership or control interest in one of the subcontractors identified in Section 3). 'parent, child, sibling, spouse

Owner's Name (from Section 1) N/A	Subcontractor's Name	Name & Familial Relationship
Owner's Name (from Section 1)	Subcontractor's Name	Name & Familial Relationship
EMEDNY-436901 (10/16)	3	

If you do not have ownership in a company that participates in Medicaid or ownership is a subcontractor that works for a company that participates in Medicaid, enter "N/A" in the name Section 2, Section 3, and Section 4.

If you do have ownership as described above, you will need to complete these sections.

For more information on Other Disclosing Entities and Subcontractors, see this link: https://www.law.cornell.edu/cfr/text/42/455.104



## SECTION 5:

Agents and Managing Employees (e.g. office manager, administrator, director or other individuals who exercise operational or managerial control over the day to day operations of the provider. Although unusual, if None, indicate NONE in the first "Name" field below. Include familial relationship to the Applicant (spouse, parent, child, sibling), if any. If additional space is needed, copy form; all entries must be on the form.

Name			Association Type (see instructions)	
None		100000000000000000000000000000000000000		
Home Address - 50		City & State		Zip Code (9 digits)
SSN Da		You may enter "None" here. NYC DOE speech teachers with SLPs are not required		re. NYC DOE e not required
Name		to	o complete this see	ction.
Home Address - Str	eet	-		
SSN	Date of Birth		Familial Relationship	
Name			Association Type (see	instructions)
Home Address - Str	reet	City & State		Zip Code (9 digits)
SSN	Date of Birth		Familial Relationship	<u></u>

## SECTION 6:

Respond to these questions on behalf of: 1. the Applicant

2. all individuals and entities identified in Sections 1 & 5 3. any entity in which the Applicant has a 5% or more ownership

1. Have any of the individuals/entities (1, 2 and 3) been terminated, denied enrollment, suspended, restricted by Agreement or otherwise sanctioned by the Medicaid Program in New York or in any other State, Medicare, or any other governmental or private medical insurance program? Yes

E No

- 2. Have any of the individuals/entities (1, 2 and 3) ever been convicted of a crime related to the furnishing of, or billing for, medical care or supplies or which is considered an offense involving theft or fraud or an offense against public administration or against public health and morals? Yes No No
- 3. Have any of the individuals/entities (1, 2 and 3) ever had their business or professional license or certification, or the license of an entity in which they had an ownership interest over 5% ever been revoked, suspended, surrendered, or in any way restricted by probation or agreement by any licensing authority in any State? Yes 1 No
- 4. Is there currently pending any proceedings that could result in the above stated sanctions for the individuals/ entities (1, 2 and 3)?

No No Yes

NOTE: If you answered "Yes" to any of the questions above, you must complete and submit the "Prior Conduct Questionnaire" available at www.emedny.org.

5. Do you, including any entity in which you have ownership, have any unpaid balances owed to the NY Medicaid Program? 🔲 Yes 🗹 No If yes, indicate amount \$\_\_\_\_\_

If yes, has payment been arranged? 🔲 Yes 🛛 🔲 No 🛛 If yes, attach verification of arrangement. If no, this enrollment will be reviewed by the OMIG

EMEDNY-436901 (10/16)

Please read

and answer

the questions

in Section 6.



#### SIGNATURE AND AFFIRMATION

By signing this enrollment form for participation in the New York State Medicaid Program, the Applicant/Provider understands and agrees to the following:

- As a Medicaid Provider you agree to comply with the rules, regulations and official directives of the Department including, but not limited to Part 504 of 18NYCRR which can be found at the Department of Health's website, www.health.ny.gov
- In addition, pursuant to 42 CFR, Part 455.105, by enrolling in the Medicaid Program you agree to disclose the following regarding business transactions within the next 35 days upon request of the Department or the Secretary of Health and Human Services.
  - (1) Information about the ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, and (2) Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor during the 5-year period ending on the date of the request.
- As a Medicaid Provider you agree to abide by all applicable Federal and State laws as well as the rules and regulations of other New York State agencies particular to the type of program covered by this enrollment application.
- For those providers for whom the Mandatory Compliance Law applies (see <u>www.OMIG.nv.gov</u>), the Provider has certified via the Office of the Medicaid Inspector General's web site referenced above that the provider and its affiliates have adopted, implemented and maintains an effective compliance program that meets the requirements of Social Service Law Section 363-d & 18NYCRR, Part 521. A copy of the certification confirmation is included with this enrollment.
- Unannounced site visits by Medicaid, CMS or their agents/designated contractors may be a condition of initial and continued enrollment. In addition, the provider and/or owners (defined as at least a 5 % interest) may be required to consent to criminal background checks including fingerprinting.
- As a Medicaid Provider you agree to notify this Department immediately of any changes supplied in this enrollment agreement, including impending ownership changes.
- The Department may deny or terminate enrollment as a provider in the Medicaid program if it is determined that executive compensation, bonuses, incentives and costs of administration exceed reasonable levels.

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.

Applicant / Provider's Signature (original; no stamps)

11/21/2016

Date

## Sally Peters; 212-555-1212 x212

Name & Telephone Number of Person who Prepared Application

Please print, sign, and date the form. It is recommended you retain a copy for your records. Please mail the completed form *along with a copy of your SLP license* to:

Computer Sciences Corporation PO Box 4603 Rensselaer, NY 12144-4603 NYCAPS Employee Self Service (ESS) Guide

NYCAPS Employee Self Service for SLPs

SLP Speech Teachers are required to share their NYS license number, NPI, and Medicaid Provider ID with the DOE by entering the data into the employee self service portal in NYCAPS. This data may be entered either all at once or piece by piece; salary differentials will not be effective until all three components are entered in full.

To begin, access the employee self service portal here: <u>http://nyc.gov/ess</u>

NYCAPS	
User ID: Password: Sign In Forgot your password?	

For instructions on logging into NYCAPS Employee Self Service, please click here: <a href="http://schools.nyc.gov/Offices/DHR/ESSintro.htm">http://schools.nyc.gov/Offices/DHR/ESSintro.htm</a>



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NYCAPS		Home i Sign out
Menu  b WF Evorites  c Employee Self Service  c Personal Information  Personal Information  Personal Information  C Personal I	Substitute Renewal Request Education Credit Summary Medicaid Provider Info	Welcome to the NYCAPS Department of Education Self Service Portal. To proceed, click on the appropriate link on the left hand side. On the self service page, click the link titled "Medicaid Provider Info"



	Medi New	icaid Provider Infor York City Department of Ed	mation			
		Empl ID :		File Number		
Please provide your Nation Provider number (billing of	nal Provider Identi r non-billing) infor	fication (NPI), your New York Sta mation below.	ate active SLP licens	se, and your Medicaid		
National Provider I	dentification					
Please enter your ten digit National Provider ID number (NPI) below.				Enter your NPI number here.		
NPI Number:	0987654321	• (10-Digit Number)		The enumeration da	ate will	
NFI Number.	0307034321			on the federal data	abase.	
Enumeration Date:	10/13/2012					
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License Number:	058705	(o-Digit Number)	date. Do not	bt include the professional code (058 or 58) or any number after a hyphen		
Issue Date:	10/01/2013	•		number urter u nj	, priem	
Expiration:	09/30/2016	6 (Please note your license is expired. Please update the issue date if this is not correct.)				
New York State Mer Please enter your eight dig do not know the exact iss	<b>dicaid Provide</b> git New York State uance date, please	er Information Medicaid Provider number (PTAN enter an approximate date.	N) and the date it wo	as issued below. If you		
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		SAVE	Cli	ck SAVE when done.		
Return to Welcome Pa	age					



## Per Session Time Entry Guide

## PER SESSION TIME SHEET

You can leave the license field blank.       1. A time sheet, in duplicate, must be maintained for each person assigned. Print all entries in ink.       FOR PAYROLL PERIOD ENDING:       You can         1. A time sheet, in duplicate, must be maintained for each person assigned. Print all entries in ink.       FOR PAYROLL PERIOD ENDING:       You can         2. Fill in all required information. Signatures must be original and in ink.       3. Keep one copy of this Time Report for Payroll Record File.       Image: Comparison of the payroll period ending of the payroll payroll period ending of the payroll period ending o	eave get ick ınk.
the license       2. Fill in all required information. Signatures must be original and in ink.       0 3 2 0 1 7 7       the bud         3. Keep one copy of this Time Report for Payroll Record File.       Image: Copy of this Time Report for Payroll Record File.       mill School NUMBER       BORD       and que         Iters       Sally       L       26Q526       Q       code block	get ick Ink.
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Speech 2 6 HOME ADDRESS Number & Street City State Zip Code I AverAry Week is	
123 Oak Circle Queens NY 11365 NOR ASIDENY OF HEW YORK CITY	
POSITION TITLE POSITION SYMBOL. Speech Teacher TR Enter "TR" in this	ield
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hours for your DATE IN OUT SIGNATURE Support DATE IN OUT SIGNATURE Support	
payroll school.	
2 2:45 PM 3:45 PM Sally Return 18	
<b>3</b> Enter the exact time you	
4 1400 AM 1400 PM Jully Ptan	
session activities in the "In"	
and "Out" fields for the date	
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7 GOD PM 7:20 PM Sally leters 23 match the information on	
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Sign and 13 245 m 3:30 m Lelly liters 29	
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bottom. 15 31	licor
16 TOTAL DAYS/HOURS WORKED Shrs, Smin	
I hereby certify that I have read and understand the Chancellor's Regulation C-175 I hereby certify that I am familiar with Chancellor's Regulation C-175 regarding Per	ve to
of this form. In addition, I hereby certify that I have served in the program at ubmitted has indicated his/her familiarity with the same regulation. I additionally certify that I have served in the program at	rm
of fact provided by me on this form will result in appropriate disciplinary action.	ubmit
ODD Ptot Phylopin disciplinary action. it.	
ABULY 10400 3/19 OUT	
8A/PAY 5046 (10/02) be d7  One hour for Lunch/30 minutes for Supper.	

## TIME MUST REFLECT THE ACTUAL TIME WORK STARTED AND STOPPED. IT SHOULD NOT BE ROUNDED TO NEAREST HOUR OR MINUTE.

## TIME WORKED BEYOND THE ALLOTTED PER SESSION HOURS WILL NOT BE PAID.



THIS SHEET WITH YOUR TIME CARD MUST BE SUBMITTED TO THE PAYROLL SECRETARY AT YOUR PAYROLL SCHOOL.



### PER SESSION TIME CARD



TIME MUST REFLECT THE ACTUAL TIME WORK STARTED AND STOPPED. IT SHOULD NOT BE ROUNDED TO NEAREST HOUR OR MINUTE.

TIME WORKED BEYOND THE ALLOTTED PER SESSION HOURS WILL NOT BE PAID.

THIS CARD WITH YOUR TIME SHEET MUST BE SUBMITTED TO THE PAYROLL SECRETARY AT YOUR PAYROLL SCHOOL.



## Speech Per Session: Frequently Asked Questions

- Can I do SESIS encounter attendance after school and at home? Yes- encounter attendance can be completed in either location.
- *Can I do IEPs at school and at home?* No- IEPs can only be completed from school. Time from home is for encounter attendance completion only.
- If the system is not working, can I get paid for attempting to log on? No- you will not be paid for attempting but not being able to access the system.
- Is there a limit of the amount of hours I can work at a time? There is no limit, other than you cannot exceed the total number of hours you have been allotted per the agreement. You are responsible for monitoring your total hours worked. If you are unsure how many hours you have been allotted, please contact your supervisor.
- Can I do per session during my lunch hour at school? You may not do per session during lunch.
- What happens after I use my 20 hours and have a larger caseload of 50 students, how do I get the rest of the hours?

Providers with an active caseload of 31 or more students will receive a communication from their supervisor informing them of receiving an additional 20 hours. These communications will go out February 2018. Do not assume to have additional hours to work until being notified by your supervisor.

- Do I need to hand in my log to my school secretary or does it go to my speech supervisor? Should I keep a paper log? What needs to go on the log?
   Hand your completed time sheets and time cards together to the payroll secretary at your payroll school. Please see the attached samples for more information on how to complete the forms.
- Do I get a time card from my school secretary or do I need to speak to my principal and get approved?

The payroll secretary can assist with this.

- Do I hand in the time card and other hours monthly, or is there a special form for hours at home? You can hand in the time sheet and time card once per pay period; they will be processed for approval monthly.
- Can speech teachers do per session at multiple times on the same day? No. Speech teachers should limit their per session activities to one block of time per day that they are working per session.